POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	-56.	150011	dich
O.I.P.E. CLASSIFIER		13/6	4/18/00
FORMALITY REVIEW	, , , , , , , , , , , , , , , , , , , ,	<del></del>	1 - 1/1/2
RESPONSE FORMALITY REVIEW		1	1 12 11
		<del> </del>	113

## INDEX OF CLAIMS ..... Rejected ..... Non-elected ......Interference (Through numeral)... Canceled ..... Appeal ..... Restricted ..... Objected Claim Claim Date Final Original Final Original 52 14 // 23 . 24 J

If more than 150 claims or 10 actions staple additional sheet here